ARIZONA STATE DEPARTMENT OF HEALTH DEPARTMENT OF COMMERCE Register's No. Register's No. Register's No. Register's No. (c) Location (d) Location (d) Location (d) English of Sivey: In Hospital or Institution. (d) Sivest IR. (e) Comment (d) Sivest IR. (d) Sivest IR. (e) FULL NAME DEPARTMENT OF HEALTH (i) Comment (ii) Comment (ii) County (iii) Comment (iii) Co			. *
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2. Usual Residence of Deceased: (a) State UTI (b) County (c) City or Town (ill outside city limits also write toucht) (d) Street Ito (ill outside city limits also write toucht) 3. (a) FULL NAME FBBFUS EZRA (OONS (b) II Veteral Security No. (ill NOME write the world) 4. Sex (c) Color or flace (c) Age of husband or wite, it alive yrs. 5. Color or flace (c) Age of husband or wite, it alive yrs. 7. Birthdate of deceased (O.C.) 70 / 77 3 3. AGE; Years (Months Days (Illess Ishan one day to year of the county) 9. Birthplace (C) Age of husband (Illess Ishan one day to year of the county) 10. Usual Occupation (C), town or county) 11. Industry or Business 11. Industry or Business 11. Madden Name Delia Cyphell Carts (C) (C), town or county) (State or Country) 15. Birthplace (C), town or county) (State or Country) 16. (a) Informant's own signature Delia Covers (b) Address Parama (C) (C) (Date Covers) (c) Address Parama (C) (C) (Date Covers) (c) Address (C) (C) (Date Covers) (c) Address (C)	(d) Length of Stay: In Hospital or Institution.		A Just
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6. (b) Name of husband 6. (c) Ago of husband 7. (c) Ago of husband 8. (d) Ago of well-ago of w	3. (a) FULL NAME LEBBEUS EZRA COONS	(b) If Veteran / Social	(If NONE write the word)
TIME (Hour and minute) Cr wile, it alive yrs. 7. Birthdate of deceased Oct. 7. Oyr (Year) 8. AGE: Years Month Days If less than one day and that I altended the deceased from Oct. 8. AGE: Years Month Days If less than one day and that I altended the deceased from Oct. 9. Birthplace Oct. 9. Birthplace Oct. 9. Birthplace Oct. 10. Usual Occupation Oct. 11. Industry or Business. 11. Industry or Business. 12. Name Oct. 13. Birthplace Oct. 14. Maiden Name Delia Clyabith Curtic Oct. 15. Birthplace Oct. 16. (a) Informant's own signature Oct. 16. (a) Informant's own signature Oct. 17. (a) Burial, Comation or Removal Country (b) Place (c) Date Oct. 18. (a) Embalmer's Signature (c) Date Oct. 19. (a) Oct. 19. (a) Oct. 19. (a) Oct. 19. (b) Address Power of Country (City oct.) 19. (a) Oct. 19. (a) Oct. 19. (b) Address Power of Oct. 19. (c) Date received local regulator (c) Date occurrence. (c) Where did injury occur? (c) Mean of the deceased from Out. 19. (a) Oct. 19. (b) Oct. 19. (c) Date received local regulator 19. (a) Oct. 19. (a) Oct. 19. (b) Oct. 19. (c) Date received local regulator 19. (a) Oct. 19. (a) Oct. 19. (b) Oct. 19. (c) Date received local regulator 19. (c) Address Oct. 19. (d) Did injury occur in or about home, on farm, in industrial place, in public place? 19. (e) Mean of the deceased from Oct. 19. (e) Mean of the deceased oct. 19. (e) Mean of the	4. Sex 5. Color or Race 6. (a) Single, married, widowed or divorzed or divorzed with the control of the con	·	ust 2, 1944,
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